

Wisconsin Department of Safety and Professional Services

Mail To: P.O.Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING **NOTICE OF PRIVATE SECURITY PERSON(S) - NEW EMPLOYMENT**

NO FEE REQUIRED

A Private Detective/Security Guard Agency must notify the Department within five (5) days after employing a Private Security Person who holds a current credential issued by the Department. Use this form or submit a letter with comparable information and mail or fax to the contact information listed above **or** e-mail to DSPSCredSecurity@wi.gov.

This form cannot be used for new employment or transfer of employment of a Private Detective. For a Private Detective transfer, submit Notice of Employment or Transfer of Private Detective License Form #1329.

This form cannot be used to transfer Firearm Permits. To transfer a Firearms Permit, submit Firearms Certification of Proficiency – Change of Employer or Additional Employer Form #2118.

This form cannot be used for employment Terminations. To terminate employment of Private Security Person(s) and/or Private Detective(s), submit Notice of Private Security Person(s) or Private Detective(s) – Employment Termination Form #3076.

SECTION A: Information about Private Security Person(s) - Print or Type all information

Name of Private Security Person(s):	Date of Birth:	Permit Number:	Date of New Employment:
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>

SECTION B: To be completed by Private Detective/Security Agency Employer

Name of Employing Agency Exactly as it Appears on the Agency's License:

Agency's License Number: Telephone Number: - -

Signature of Agency Sole Proprietor, Officer, Partner, Manager or Supervisor Date / /

Print or Type the Name of the Person Signing Above